## PART B - FEE(S) TRANSMITTAL

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Alexandria, Virginia 22313-1450 or Fax (512) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and Put Indication Fee (in intermitted through 5 should be completed when properties of the Indication Fee (in intermitted through 5 should be completed when properties of the Indication Fee (in intermitted through 5 should be completed when properties of the Indication Fee (in intermitted Fee) and indication Fee (in intermitted Fee) and indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address as and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (312) 273-2885, on the date indicated below.

			Rachael M. Harris	(Depositor's name)
			Dochoel H. Ha	ero (Signature)
			May / Z, 2006	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/756.077	01/08/2001	Wayne A Provost	14689 10	6455

 APPIN.TYPE
 SMALL ENTITY
 ISSUE FEE
 PUBLICATION FEE
 TOTAL FEE(s) DUE
 DATE DUE

 nonprovisional
 NO
 \$1400
 \$300
 \$1700
 08/09/2006

 EXAMINER
 ART UNIT
 CLASS SUBCLASS
 CLASS SUBCLASS
 CLASS SUBCLASS

PAYMENT OF HEALTH CARE INSURANCE CLAIMS USING SHORT-TERM LOANS

EXAMINER	ART UNIT	CLASS-SUBCLASS	
BLECK, CAROLYN M	3626	705-004000	
. Change of correspondence address or indication 37 CFR 1.363).  Change of correspondence address (or Change of correspondence Address form PTO/SB/12:  "Fee Address" indication (or "Fee Address" PTO/SB/47; Rev 03-02 or more recent) atta	nge of atte 2) attached. (2) Indication form a r	For printing on the patent front page, list the names of up to 3 registered patent omeys or agents OR, alternatively, the name of a single firm (having as a me gistered attorney or agent) and the names to 2 registered patent attorneys or agents.	of <sup>2</sup>
Troops of the open and the recently and		ne is listed, no name will be printed.	3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT(print or type)

PLEASE NOTE: Unless an assigneee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

TITLE OF INVENTION:

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

P5, INC. Salt Lake City, Utah

Please check the appropriate assignee category or categoric	es (will not be printed on the patent):  Individual	□ Corporation	or other private group entity	☐ Government
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):			
	☐ A check in the amour	t of the fee(s) is	enclosed.	

□ Publication Fee (No small entity discount permitted)
 □ Payment by credit card. Form PTO-2038 is attached

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as algown by the re-proofs of the United Stutes Patent and Trademark Office.

Authorized Signature	K. Olli Alli	Date	May <u> </u>	
Typed or printed name	R. Burns Israelsen	Registration No.	42,685	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the indicatese. Any comments on the amount of time you require to complete his form and/or suggestions for reducing his burden, about the set to the Chief Information Officer. U.S. Patient and ADDRESS\_SEND TO: Commissioner for Patients. P.O. Box 1450. Alexandria, Virginia 2313-13450.

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